

# Student's Preparedness and Their Clinical Performance in Psychiatric and Mental Health Nursing

***Ronnell D. Dela Rosa, (RN, RM, MAN, DNM, PhD)***

Bataan Peninsula State University, Philippines

***Jestoni D. Maniago, (RN, RM, LPT, MAN, MAEd, DNS)***

Majmaah University, Kingdom of Saudi Arabia

Doi: 10.19044/esj.2018.v14n6p454 [URL:http://dx.doi.org/10.19044/esj.2018.v14n6p454](http://dx.doi.org/10.19044/esj.2018.v14n6p454)

---

## Abstract

This study determined the level of preparedness of student nurses of Manila Tytana Colleges Philippines, school year 2014-2015 in terms of knowledge, skills and attitude and its relationship with their clinical performance during their psychiatric rotation. Survey questionnaire and clinical evaluation tool appraisal were utilized to gather data from the 181 respondents selected through purposive sampling. Ethical clearance was secured from the institutional review board. The statistical tools used were mean, frequency and percentage distribution, and Pearson r. The results revealed that preparations in knowledge, skills and attitude in psychiatric clinical rotation doesn't guarantee learning success in their psychiatric clinical duty. There was no significant relationship between the level of students' preparedness and their clinical performance in psychiatric and mental health nursing (r value: 0.20; sig: 0.863). Thus, it was recommended that a similar study in the future would be conducted in other schools for validation of the findings. Also a qualitative study was recommended to assess further the best practice of the student in the psychiatric rotations including quality health care delivery in the said undertakings.

---

**Keywords:** Clinical performance, nursing, preparedness, psychiatric

## Introduction

Adequate theoretical preparation is needed by the nursing students prior to their exposure to the psychiatric facility and being prepared is one of the qualities that everyone should possess. Asimba et al., (2008) stated that preparedness is important in achieving goals and avoiding or mitigating negative outcomes. Thus, nursing students must be observed all throughout their clinical experiences. Moreover, being prepared dictates one's

effectiveness in accomplishing his or her task. This is true for all situations or occupations, and the nurses are definitely not exempted from it. Preparedness is important in achieving the academic goals and preventing negative outcomes of their clinical performance. In every student's action, it takes a right amount of preparedness to finish all their tasks and a person's success depends on how a person prepares towards the achievement of a quality performance.

Every student should have ample amount of preparedness especially those who considered entering the complex world of nursing. Nursing students are exposed to different areas in the hospital and institutions, and clinical experience is being implemented to prepare them holistically. Clinical experience gives student nurses' the opportunity to deal with real patients.

Student nurses are given tasks based upon their capabilities that is ought to be performed based on the standards set by the college. Thus, they must be in a state of preparedness before entering the field and one can say that a well prepared student nurse is an effective nurse.

Consequently, the researchers conducted this study to determine the level of preparedness of the third year students and its relationship to their clinical exposure at various psychiatric facilities.

## **Methods:**

### **Research Design**

The methodology that was utilized in the study is a quantitative design, descriptive method, specifically correlational design. The descriptive-correlational design determines the relationship between two variables (x) and (y). This design was being used in this study to determine the relationship between the independent variable which is the level of preparedness of 3rd year nursing students and the dependent variable which is their performance in the clinical exposure in psychiatric institution. (Polit & Beck, 2004).

### **Sample and Sampling Technique**

The researchers conducted the study to 181 students out of the total population of 733 Third Year Nursing Students of Manila Tytana Colleges who were exposed in the psychiatric institution. These 181 students serve to be the sample population of the study in which they were selected using the purposive sampling. The said sampling technique was used by the researchers for they have set the following criteria as their respondents of the study: 1) Manila Tytana College student 2) Level III BSN student, 3) belonging to Cluster A or B, 4) have completed the requirements in their psychiatric lecture and clinical rotation 5) have finished the NCM 105 and RLE 105 and 6) shows interest in participating to the study. Records of the clinical rotation and

schedule of the psychiatric lectures was obtained from the College of nursing and/or the Registrar's Office.

### **Research Instrument**

The researchers made use of a self-made survey research instrument. The questionnaires were distributed respectively after their actual psychiatric rotation. The self-made survey questionnaire was composed of questions according to the preparedness based on Bloom's Taxonomy of three domains namely cognitive, psychomotor and affective. Questionnaires were then divided into three parts, namely knowledge, skills, and attitude. Four-point scale was used to evaluate the preparedness of the respondents.

The researchers wanted to evaluate the cognitive preparedness of the respondents that's why terms and principles were used under the knowledge domain. These terms are mental disorders, drugs, psychopathology, nurse-patient interaction, psychotherapies, elements of therapeutic communication, and mental status examination. They were used because these terms needed to be learned through memorization, classifying, discussing, and describing; all are which parts in the cognitive domain.

The researchers also evaluated the preparedness on the psychomotor domain of the respondents by using terms that reflects it. Under the skills domain are organizing a therapeutic environment, establishing rapport, executing nurse-patient interaction, giving prescribed medication, and conducting psychotherapies. These are essential skills needed in the psychiatric rotation.

The researchers further assessed the preparedness of the respondents by using terms that reflect the affective domain of the respondents such as self-awareness activity, following guidelines or regulation of the facility, emphasizing nurse-patient interaction, encountering transference and counter transference, dealing patient behaviors, behaving during therapeutic communication, and ensuring client's privacy. These terms were used with regards to the attitude of the respondents.

Inquisitions were also conducted to further consult if each student has or has not done a preparation prior to their psychiatric rotation. This was to further assess the preparedness of the students who answered the questionnaires and passed their clinical rotation in the psychiatric area.

To countercheck each of the students' performance during their psychiatric rotation, the researchers utilized an appraisal tool for clinical experience provided by the College of Nursing. This tool validated the competencies of the students during their psychiatric rotation.

Two pilot testing was conducted and the results were treated using Cronbach's Alpha to determine the instrument's validity with a result of 0.931. This was the criteria used in analyzing each of the question/item in the

questionnaire. The results of the item analysis and the suggestions of the adviser were incorporated in the final form of the questionnaires with items in the survey questionnaire – indicating specific numbers representing the skills, knowledge and attitude.

### **Data Gathering**

Pilot testing was done by the researchers. Thirty students from the population were used in the pilot testing. We made use of the questionnaire in the pilot testing.

First, the researchers provided a letter of request from their adviser in conducting a study at Manila Tytana Colleges and it was forwarded to the Dean of the College of Nursing for the approval of conducting the study in the institution. An ethical clearance was secured from the institutional review board.

Questionnaires were then given to the respondents. The researchers conducted the survey to the BSN III students who were already exposed to psychiatric area prior to having their psychiatric lecture in school. The researchers gathered the data from the respondents during the first month of the first semester, school year 2014- 2015. To further evaluate the students' performance during their psychiatric rotation, the researchers asked each of the respondents if they have made any preparations prior to their psychiatric exposure.

### **Statistical Treatment**

Findings from the questionnaire was tabulated and presented using SPSS 17. The researchers had analyzed and interpreted the statistical findings to come up with the solutions for the stated problems of the study and draw a conclusion.

This study used a four–point scale to measure the level of readiness and maturity of nursing students to assume entry level professional position.

For the three questions, the statistical treatments used were the Mean for the first problem; frequency and percentage distribution for the second problem and the Pearson – Product Moment Correlation for the third problem. For specific question number one, what is the level of preparedness of the Level III nursing students before the clinical exposure in psychiatric institution in the following aspects in terms of knowledge, skills and attitudes, the statistical measure that will be used is sample mean.

Table 1 presents the mean interval of four – point scale that was used in measuring the level of preparedness of Level III nursing students in terms of knowledge, skills and attitude. For specific question number 2, What is the RLE performance of the BSN level III students in their psychiatric nursing exposure, the statistical measure that will be used is the sample mean. This

will be use by the researcher to determine the level of performance of the BSN Level III students in their RLE exposure during their psychiatric exposure.

**Table 1.** Mean Interval of Four – Point Scale in terms of preparations made in terms of Knowledge, Skills and Attitude

Point	Point Range	Interpretation/Adjectival Description
4	3.51 – 4.00	Very much prepared
3	2.51 – 3.50	Much Prepared
2	1.51 – 2.50	Prepared
1	1.00 – 1.50	Not prepared

Table 2 presents the interpretation of grades in RLE that was used to interpret the grades of student in their psychiatric rotation. For specific question number 3, Is there a significant relationship between the level of preparedness and clinical performance of the Level III nursing students to their clinical psychiatric rotation, the statistical measure that will be used is the Pearson – Product Moment Correlation. This will be use by the researcher to determine relationship between their level of preparedness to their clinical performance in their psychiatric rotation.

**Table 2.** Interpretation of Clinical Grades

RLE Grades	Interpretation
90%-100%	Excellent
82%-89%	Very Satisfactory
78%-81%	Satisfactory
75%-77%	Passed
74% and below	Failed

## Results and Discussion: Students' Preparedness

**Knowledge.** Table 3 states the summary of values showing the mean, standard deviation and interpretation of the respondents as to their preparations prior to their psychiatric exposure in terms of their knowledge.

In Table 3, as to preparations in psychiatric exposure in terms of knowledge, the respondents revealed that they are much prepared in classifying mental disorders with 3.02 as its mean, in identifying phases in nurse-patient interaction with 3.15 as its mean, in stating elements of therapeutic communication with 3.05 as its mean, and in describing patient's mental status examination with mean of 3.01, drug naming, with 2.61 as its mean, and explaining psychopathology, with 2.51 as its mean.

As shown in the table, the highest mean is 3.15 obtained by the preparedness in identifying phases of nurse-patient interaction; meanwhile the lowest mean is 2.51 obtained by the preparedness in explaining psychopathology of mental illness. However, in general, the overall mean is 2.88 and is interpreted as much prepared. This proves that the students have an adequate knowledge in the topic of categorizing phases of nurse-patient interaction and familiar with the terms accompanying it. The information about it may have been introduced and put into minds to the students beforehand. This is also true to the study conducted by Dziopa and Ahern (2009), which stated that the development of a therapeutic relationship within the mental health setting requires a complex interplay of skills, adapted by the advanced practice psychiatric/ mental health nurse to meet the requirements at hand. That is why student nurses need to understand the importance of the phases of nurse-patient interaction. On the other hand, the students showed to be less prepared in knowing psychopathology of certain psychiatric disorder. They might find it difficult to adjust from the usual pathophysiology of a disease to a psychopathology of a psych disorder. Also, psychopathology may be not taught to them thoroughly. Fajardo (2005) stated that knowledge provides the basis for mutual selection of intervention that can promote health and self-determination. Appropriate knowledge tailor nursing care to an individual or group and therefore it is important to know the psychopathology and be able to construct it. It will help the nurse to know the disease process of mental illnesses to understand the condition of the patient. Furthermore, according to Chung (2011), an appropriate background in clinical knowledge and theory will help prepare nursing students for competent clinical performance. Knowledge about the correct assessment leads to correct intervention.

In summary, the respondents are much prepared as to their level of preparedness according to their knowledge in their psychiatric exposures.

**Table 3.** Students' Preparedness in terms of Knowledge

Preparedness	Mean	Interpretation
1. In classifying mental disorders	3.02	Much Prepared
2. In naming drugs used for psychiatric patients	2.61	Much Prepared
3. In explaining psychopathology of mental illness	2.51	Much Prepared
4. In identifying phases of nurse-patient interaction	3.15	Much prepared
5. In discussing psychotherapies	2.87	Much Prepared
6. In stating elements of therapeutic communication	3.05	Much Prepared
7. In describing patient's mental status examination	3.01	Much prepared
Overall Mean	2.88	Much Prepared

**Skills.** Table 4 states the summary of values showing the mean, standard deviation and interpretation of the respondents as to their preparations prior to their psychiatric exposure in terms of their skills.

**Table 4.** Students' Preparedness in terms of Skills

Preparedness	Mean	Interpretation
1. In organizing a therapeutic environment	3.27	Much prepared
2. In establishing rapport to the patient	3.41	Much prepared
3. In executing nurse-patient interaction	3.32	Much prepared
4. In terminating nurse-patient interaction	3.34	Much prepared
5. In giving prescribed medications to the patient	2.90	Much Prepared
6. In utilizing therapeutic communication technique	3.23	Much prepared
7. In conducting psychotherapies	2.98	Much Prepared
Overall Mean	3.21	Much prepared

In Table 4, as to their preparations prior to psychiatric exposure in terms of skills, they are much prepared in organizing a therapeutic environment with mean of 3.27, in establishing rapport to their patients with mean of 3.41, in executing nurse – patient interaction with mean of 3.32, in terminating nurse – patient interaction with mean of 3.34 and in utilizing therapeutic communication with mean of 3.23, in giving prescribed medications with mean of 2.90 and in conducting psychotherapies with mean of 2.98.

As shown in the table, the highest mean is 3.41 under establishing rapport to the patient and the lowest mean is 2.90 under giving prescribed medications. However, in general, the overall mean obtained is 3.20 and is interpreted as much prepared. The students show that they are ready in communicating and building rapport to patients. They might know already the dos and don'ts for them to catch the attention and make a bond with their patients in such a way that it promotes a professional therapeutic environment. The results are also true with Barker et al. (2009), wherein he stated that awareness of the nurse to the differing characteristics that might influence the professional decision-making and the relation to the patient may decrease the chance of having the problems in dealing with the patients, thus also a key in establishing rapport. Also, according to Rodgers (2005), awareness of the knowledge base not only captures the special education and experiences associated with being a nurse but also serves as the foundation for accountability for the care the nurse provides. With regards to giving prescribed medications, students are less prepared because of their unfamiliarity to psychiatric drugs, which is usually given exclusively to psych patients and also confusion on their part. As to what Hart et al. (2008) said, as nurses, before giving medications, knowledge about the 5R's must always be equipped. The 5 rights are something should be familiarized with so that physician's orders will be carried out immediately.

**Attitude.** In Table 5, as to their preparations in terms of attitude, self-awareness activity got the mean of 3.54, and complying with the rules and regulations of the facility got a mean of 3.53, which was interpreted very much prepared. In empathizing during the nurse-patient interactions got a mean of 3.40, encountering counter transference and transference got a mean of 3.34, dealing with the behaviors of the psychiatric patients got a mean of 3.32, behaving and acting in therapeutic communication got a mean of 3.38, and ensuring client's privacy and confidentiality got a mean of 3.48, which shows much prepared as to their interpretation.

**Table 5.** Students' Preparedness in terms of Attitude

Preparedness	Mean	Interpretation
1. During the self-awareness activity	3.54	Very much prepared
2. In complying with the guidelines or regulations of the facility	3.53	Very much prepared
3. In empathizing during the nurse-patient interaction	3.40	Much prepared
4. In encountering counter transference and/or transference	3.34	Much prepared
5. In dealing with the behaviors of psychiatric patients	3.32	Much prepared
6. In behaving and acting in therapeutic communication	3.38	Much prepared
7. In ensuring client's privacy or confidentiality	3.48	Much prepared
Overall Mean	3.42	Much prepared

As shown in the table, the highest mean is 3.54 under self-awareness activity and the lowest mean is 3.32 under dealing with behaviors of the psychiatric patients. However, in general, the overall mean is 3.42 and is interpreted as much prepared. This shows that students are prepared in doing self-awareness activity prior to handling patients. They are willing to open up and to know themselves so that any possible problems that may arise during the course of interaction will be avoided. Hawamdeh and Fakhry (2014) stated that the nurse must need first to conduct self-awareness because the level of self-awareness can either benefit or hamper the therapeutic relationship. In relevance to Barker et al. (2009), awareness may decrease the chance of having the problems in dealing with the patients. Based on our result, students are highly prepared in dealing with the behaviors of psychiatric patients for the reason that the more self-aware the student is, the more he/she knows how to approach psychiatric patients accordingly. On the other hand, least mean is seen in the aspect of dealing with patient's behaviors. The students, though conducted self-awareness, they will also need assistance in interacting with patients because they know that anytime, the patient can be change behavior all of a sudden due to unexpected factors that might affect. Many student



nurses are anxious about interacting with patients who struggle with mental disorders, and this anxiety can hinder open and empathic communication.

In table 6, shows the overall average in their level of preparedness in terms of knowledge, skills, and attitude, and it revealed that they are much prepared. In terms of their knowledge, it got a mean of 2.88. In their skills, it got a mean of 3.21. In their attitude, it got a mean of 3.42.

**Table 6.** Summary of Students' Preparedness

Bloom's Domain	Overall Mean	Description
Knowledge	2.88	Much Prepared
Skills	3.21	Much Prepared
Attitude	3.42	Much Prepared

Knowledge is everywhere and it's up to us how we can acquire that knowledge. The students had their own way to acquire new knowledge in preparing to their psychiatric exposure. Knowledge has to be sacrificed in order to achieve the measure of success that is possible.

Students are fully alert in having communication to psychiatric patients. Students have the ability to think thoroughly to what they are going to say to a Psychiatric patient. The development of critical-thinking skills is one of the most important learning objectives of clinical performance. Students learned more using the tactile learning style. This tells us that students are motivated to do a task if it is a hand- on activity like giving medications to a patient, planning and joining them to a socialization program.

Students showed positive attitude towards these mentally ill patients and they all agree that psychiatric patients are not only human but they are also interesting.

### Clinical Performance

Table 7 shows that 2 of the respondents got an excellent performance which has a percentage of 1.1. One hundred, thirty-six respondents obtained a very satisfactory performance having a percentage of 74.14. Forty-three got a satisfactory performance having 23.76 as percentage.

**Table 7.** Students' Clinical Performance in Psychiatric and Mental Health Nursing

Clinical Performance	Frequency	Percentage (%)
Excellent	2	1.1
Very Satisfactory	136	75.14
Satisfactory	43	23.76
Total	181	100

The highest frequency and percentage is obtained by a very satisfactory performance of students meanwhile the lowest frequency and percentage is obtained by excellent performance. This shows that most students are at the average level of learning and performance in psychiatric nursing. They might have a common understanding on the topics discussed at school and as experienced at the area. This is true in the study made by Aslan et al. (2006) wherein the students were more skillful when they were exposed in the skills laboratory or in the real practice such as psychiatric exposure. If a student had gained enough knowledge during their skills laboratory, the level of confidence into their preparations will have a significant impact into their clinical performance during their psychiatric exposure. Students learned more using the tactile learning style wherein moving, doing and touching are the skills highly expressed. They learn best through a hands-on approach wherein they actively explore the physical world around them.

Hence, the respondents were very satisfactory in their performance in RLE during their psychiatric exposure.

### **Relationship between students' preparedness and their clinical performance**

Table 8 revealed that students' preparedness has no significant relationship to their clinical performance. As claimed by the respondents, they didn't receive clinical focus as to which will guide them of what are the things to be dwelled of during exposure. This clinical focus is a tool that guides the students on what to do and what not to do in the area. Students had adapted well to the area despite this. Curiosity to this special area, their self-help abilities, interest to learn, confidence in doing psychiatry-specific tasks, and innate caring and communication skills of the students are enough for them to meet their desired clinical grade which is then to be reflective of their performance in the area. The clinical instructors were able to provide their basic orientation to students regarding the area and always keep an eye to their performances and behaviors. Requirements and quizzes regarding psychiatric nursing were also given to the students as part of their grade. The respondents also admitted that they learn most when they're already at the area for hands-on activities. These learners acquire their abilities through moving, doing and touching therefore performing best through a hands-on approach, actively exploring the physical world around them.

**Table 8.** Relationship of Students' Preparedness to their Clinical Performance in Psychiatric and Mental Health Nursing

Clinical Performance in relation to:	r	Sig.	Decision on H <sub>0</sub>	Interpretation
Knowledge	.021	.784	Accepted	Not Significant
Skills	.008	.915	Accepted	Not Significant
Attitude	-.010	.889	Accepted	Not Significant
Overall Preparedness	.020	.863	Accepted	Not significant

### Conclusion

Students' preparation in terms of knowledge, skills and attitude is not related to the clinical performance in psychiatric and mental health nursing. Although, one of the good indicators that preparation had been enough is through evaluating the performance, this study suggests that other factors might be related to the result of their clinical performance.

### Recommendations

It is suggested that similar studies in the future be conducted in other schools to validate the findings. They should try saturating the whole population of BSN III students who have rotated in the psychiatric institution for more accurate results. Also, a qualitative study is being recommended to assess further the factors that affects the clinical performance in psychiatric and mental health nursing.

### References:

1. Aslan, G., Alinç, M., Araza, A., & Dural, S. (2010). Organizational Attractiveness: An Empirical Study on Student's Public Private Sector Choice. *Empirical research*, 1-16.
2. Barker, P. J., Reynolds, W., & Ward, T. (1995). The proper focus of nursing: a critique of the "caring" ideology. *International journal of nursing studies*, 32(4), 386-397.
3. Chung, M. J., & Eun, Y. (2011). Development and Effectiveness of a Spiritual Care Education Program for Nursing Students-Based on the ASSET Model. *Journal of Korean Academy of Nursing*, 41(5).
4. Dziopa, F., & Ahern, K. J. (2009). What makes a quality therapeutic relationship in psychiatric/mental health nursing: A review of the research literature. *Internet Journal of Advanced Nursing Practice*, 10(1), 7-7.

5. Hart, P., Eaton, L., Buckner, M., Morrow, B. N., Barrett, D. T., Fraser, D. D., ... & Sharrer, R. L. (2008). Effectiveness of a Computer-Based Educational Program on Nurses' Knowledge, Attitude, and Skill Level Related to Evidence-Based Practice. *Worldviews on Evidence-Based Nursing*, 5(2), 75-84.
6. Hawamdeh, S., & Fakhry, R. (2014). Therapeutic relationships from the psychiatric nurses' perspectives: An interpretative phenomenological study. *Perspectives in psychiatric care*, 50(3), 178-185.
7. Polit, D. F., & Beck, C. T. (2004). *Nursing research: Principles and methods*. Lippincott Williams & Wilkins.
8. Rodgers, B. L. (2005). *Developing nursing knowledge: Philosophical traditions and influences*. Lippincott Williams & Wilkins.